STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
			D WING			
		HAL006007	B. WING		03/1	1/2015
	PROVIDER OR SUPPLIER		BRESS, CITY, S HIGHWAY 19	STATE, ZIP CODE FAST		
CRANBE	RRY HOUSE		D, NC 28657			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report of Biennial ( Harrell and Greg Ca	Construction Survey by Dennis ates on 3-11-2015.				
	3-25-1998, for a ca facility was surveye 1996 Rules for the Homes, the applica for Adult Care Hom and the 1996 North	t licensed or submitted pacity of 60. Therefore the d for conformance with the Licensing of Adult Care ble portions of the 2005 Rules es of Seven or More Beds, Carolina Building Code for rained Occupancies.				
C 111	Must Have Current	San. & Fire Safety Reports	C 111			
	fire and building saf	02 DESIGN AND				
	required inspection the facility. Findings include; 1. There was no Sa available for the kite 2. There was no Sa available for the buil 3. There was no Fi available, 4. There was no Fi report available,	documents, many of the reports were not available in anitation inspection report chen, anitation inspection report				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
		HAL006007	B. WING		03/1	1/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
CRANBE	RRY HOUSE		IIGHWAY 19				
			D, NC 28657				
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C 189	Continued From pa	ge 1	C 189				
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER  d all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	maintained in a safe barrier doors not late contain smoke and residents and staff fire in the fire comp Findings include:  a. The smoke barr would not latch closs alarm system.  b. The smoke barr	vation, the facility was not e manner because of smoke tching properly in order to fire. This could affect all by not containing smoke and					
	emergency light in the work when tested. Ights that will not with minutes could endar 3. Based on observire rated walls and in several locations	vation, the battery powered the dining room would not Battery powered emergency ork properly for at least 90 anger the residents and staff.  vation the required one-hour for ceilings were compromised. Holes and penetrations that materials approved for use in					

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one-hour fire rated construction and improperly

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		HAL006007	B. WING		03/1	1/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CRANBE	ERRY HOUSE		IIGHWAY 19 D, NC 28657			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	installed fire collars fire that begins in out to other areas of the Findings include:  a. Hole at a data lir barrier wall over the b. Hole at a sprinkl barrier wall over the c. A fire collar was ceiling in the sprink  4. Based on obserfunction of several work when tested. properly could delay an emergency. Locations include:  a. Exit sign in dinin b. Exit sign near rocc. Exit sign near rocc. Exit sign severe!  5. Based on observed the duct mounted swere dirty. Samplir periodically inspected all residents and stamay fail to operate  6. Based on observed ocking emergency alarm when opened and the same stamay fail to operate	present the possibility that a ne space can quickly spread e facility.  The through the attic smoke e 100 Hall.  The line through the attic smoke e 100 Hall.  The line through the attic smoke e 100 Hall.  The line through the attic smoke e 100 Hall.  The line through the attic smoke e 100 Hall.  The line through the attic smoke e 100 Hall.  The line through the attic smoke e 100 Hall.  The line through the attic smoke e 100 Hall.  The line through the attic smoke exit signs would not exit signs would not exit signs would not exit signs that do not work yor prevent an evacuation in  The line through the attic smoke exit signs would not exit signs that do not work yor prevent an evacuation in  The line through the attic smoke exit signs would not exit signs	C 189			

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7. Based on observation, storage was packed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPI	
		HAI 000007	B. WING		00/4	4/0045
NAME OF		HAL006007		274TF 7/D 00DF	03/1	1/2015
	PROVIDER OR SUPPLIER		IIGHWAY 19	STATE, ZIP CODE FAST		
CRANBE	RRY HOUSE		D, NC 28657			
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C 189	Continued From pa	ge 3	C 189			
	Storage that is not i	ing in the clean linen room. maintained 18 inches below could prevent the sprinkler ng properly in a fire.				
	drain line and the id extended into the flood producing app maintained at least floor drain, as requi	vation, the juice dispenser the machine drain lines were toor drain. Drain lines from liances that are not 2 inches above the floor or tred by Code, could cause the the decome contaminated.				
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per in requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app  This Rule is not me Based on observation maintain required experience.	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed with natural ventilation in ces: rage;  toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities.  et as evidenced by: on the facility failed to xhaust in a working condition.				
	Non-functioning ext	naust could cause an f moisture and possibly				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVID IDENTIF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL006007	B. WING		03/1	1/2015
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CRANBE	ERRY HOUSE		HIGHWAY 19 D, NC 28657			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 199	Findings include;	nge 4 n was not working on the 200	C 199			

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